

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:
.....
Fax Number:	Fax Number:

Hypoplastic and Haemolytic

Initial application — chronic renal failure

Applications from any relevant practitioner. Approvals valid for 2 years.

Prerequisites(tick boxes where appropriate)

- ☐ Patient in chronic renal failure
- and
- ☐ Haemoglobin is less than or equal to 100g/L
- and
- ☐ Patient does not have diabetes mellitus

and

☐ Glomerular filtration rate is less than or equal to 30ml/min
- or
- ☐ Patient has diabetes mellitus

and

☐ Glomerular filtration rate is less than or equal to 45ml/min
- or
- ☐ Patient is on haemodialysis or peritoneal dialysis

Initial application — myelodysplasia

Applications from any specialist. Approvals valid for 2 months.

Prerequisites(tick boxes where appropriate)

- ☐ Patient has a confirmed diagnosis of myelodysplasia (MDS)*
- and
- ☐ Has had symptomatic anaemia with haemoglobin < 100g/L and is red cell transfusion-dependent
- and
- ☐ Patient has very low, low or intermediate risk MDS based on the WHO classification based prognostic scoring system for myelodysplastic syndrome (WPSS)
- and
- ☐ Other causes of anaemia such as B12 and folate deficiency have been excluded
- and
- ☐ Patient has a serum epoetin level of < 500 IU/L
- and
- ☐ The minimum necessary dose of epoetin would be used and will not exceed 80,000 iu per week

Note: Indication marked with * is an unapproved indication

Renewal — chronic renal failure

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 2 years.

Prerequisites(tick box where appropriate)

- ☐ The treatment remains appropriate and the patient is benefiting from treatment

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Hypoplastic and Haemolytic - *continued*

Renewal — myelodysplasia

Current approval Number (if known):.....

Applications from any specialist. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

- ☐ The patient's transfusion requirement continues to be reduced with erythropoietin treatment

and ☐ Transformation to acute myeloid leukaemia has not occurred

and ☐ The minimum necessary dose of epoetin would be used and will not exceed 80,000 iu per week

Note: Indication marked with * is an unapproved indication

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